REQUEST FOR ASSIGNMENT OF A COMMERCIAL AND GOVERNMENT ENTITY (CAGE) CODE

(See Instructions on back)

Form Approved OMB No. 0704-0225 Expires Aug 31, 2001

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PLEASE DO NOT RETURN YOUR FORM TO THIS ADDRESS. SEND COMPLETED FORM TO ADDRESS ON BACK.

CECTION A TO BE COUNTED BY WHITE TO									
SECTION A - TO BE COMPLETED BY INITIATOR 1. REQUESTING GOVERNMENT AGENCY/ACTIVITY									
a. NAME					b. ADDRESS STREET				
Warner Robins Air Logistics Center, Operational Contracting									
2. TYPE CODE REQUESTED (X one)		3. EXCEPTION CODES			235 Byron St.				
a. TYPE A	a. CAO				CITY Robins AFB		STATE GA	ZIP CODE 31098-1611	
	the second control of			ROOMS 711 B				31090-1011	
4. INITIATOR									
a. TYPED NAME (Last, First, Middle Initial)			FICE SYMBOL	c. SIGNATURE				d. TELEPHONE NO. (Include area code)	
Polk, Harold C.			WR-ALC/PKOS					(912) 926-3985	
SECTION B - TO BE COMPLETED BY FIRM TO BE CODED									
5. FIRM									
a. NAME (Include Branch of, Division of, etc.)				b. ADDRESS					
				STREET					
c. CAGE CODE (If previously assigned)				CITY	ITY STATE			ZIP CODE	
6. IF FIRM PREVIOUSLY OPERATED UNDER OTHER NAME(S) OR OTHER ADDRESS(ES) SPECIFY THE PREVIOUS NAME(S) AND/OR ADDRESS(ES) (Use separate sheet of paper, if necessary)				7. PARENT COMPANY AND AFFILIATED FIRMS (X one, and complete					
					a. NONE				
					b. CURRENTLY AFFILIATED WITH OTHER FIRMS (List name(s) and address(es) of such firms on a separate sheet of paper)				
				c. PREVIOUSLY AFFILIATED WITH OTHER FIRMS (List name(s) and					
				address(es) of such firms on a separate sheet of paper)					
8. PRIMARY BUSINESS CATEGORY (X one) 9. SMALL DISADVAN				ITAGED BUSINESS 10. NUMBER OF EMPLOYEES					
a. MANUFACTURER	CTURER		STATUS (X one)						
b. DEALER/DISTRIBUTOR	b. DEALER/DISTRIBUTOR		I		SMALL BUSINESS ADMINIS-		11. WOMEN-OWNED BUSINESS CONCERN		
c. CONSTRUCTION FIRM		TRATION (SBA)		FOR SECTION 8(a) PROGRAM		(X one) a. YES b. NO			
d. SERVICE COMPANY		b. OTHER SMALL CONCERN		DISADVANTAGED BUSINESS		12. STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE(S)			
e. SALES OFFICE									
f. OTHER (Specify)				DISADVANTAGED BUSINESS			a. PRIMARY		
13. REMARKS	CONCERN					b. OTHER (Specify)			
14. FIRM OFFICIAL					NA TUDE			4 TELEBUONE NO	
a. TYPED NAME (Last, First, Middle Initial)		b. DATE SIGNED (YYYYMMDD)		c. SIG	SNATURE			d. TELEPHONE NO. (Include area code)	
		111111111111111111111111111111111111111						(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

INSTRUCTIONS FOR COMPLETING DD FORM 2051

GENERAL NOTE FOR PERSONNEL PREPARING OR PROCESSING THIS REPORT

Coding must be as indicated in the instructions. Noncompliance with the coding instructions contained herein will make the organization that fails to comply responsible for required concessions in data base communication.

SPECIFIC INSTRUCTIONS

SECTION A - TO BE COMPLETED BY THE INITIATING GOVERNMENT ACTIVITY

SECTION B - (Continued)

- Item 1. Self-explanatory.
- Item 2. Mark the type of code being requested.
- a. Type A Manufacturers Code, which is used in the Federal Catalog System to identify a certain facility at a specific location that is a possible source for the manufacture and/or design control of items cataloged by the Federal Government; or,
- b. Type F Non-manufacturers Code, which is required for identifying an organization/function in MILSCAP. These are assigned to contractors that are non-manufacturers or that are manufacturers not qualifying for a Type A Code.
- Item 3. If applicable, enter the exception DoD Activity Address Code for the Servicing Contract Administration Office (CAO) or ADP point.

Item 4. Self-explanatory.

SECTION B - TO BE COMPLETED BY THE FIRM TO WHICH THE CODE WILL BE ASSIGNED

Item 5.a. and b. Self-explanatory.

- c. If a CAGE Code (Type A or Type F) was previously assigned, enter it in this block.
- Item 6. Self-explanatory.
- Item 7. If a block other than "None" is marked, identify the Parent company by a (P) beside the firm name.

Item 8. Self-explanatory.

Item 9. A small disadvantaged business concern is defined in Section 19.001 of the Federal Acquisition Regulation.

Item 10. Enter the number of employees. This number should include the employees of all affiliates.

Item 11. A women-owned business concern is defined in Section 52.204-5 of the Federal Acquisition Regulation.

Item 12. The SIC Code is a Government Index that is used to identify business activity and that indicates the function (manufacturer, wholesaler, retailer, or service) and the line of business in which the company is engaged. If multiple SIC Codes apply, indicate the primary first, then next important, etc.

Item 13. Self-explanatory.

Item 14. Self-explanatory.

NOTE: When any future changes are made to the coded facility (e.g. name change, location change, business sold, or operations discontinued), written notification stating the appropriate change should be sent to:

Commander
Defense Logistics Services Center
ATTN: DLSC-SBB
Federal Center
74 North Washington
Battle Creek, MI 49017-3084

ADDITIONAL INSTRUCTIONS

Offerors must obtain a Contractor Identification Number—Data Universal Numbering System (DUNS). To obtain a DUNS number call 1-800-333-0505. The offeror should be prepared to provide the following information:

- 1) Company name
- 2) Company address
- 3) Company telephone number
- 4) Line of business
- 5) Chief Executive Officer or key manager
- 6) Date the company was started
- 7) Number of people employed by the company
- 8) Company affiliation

After the DUNS number is received, the offeror <u>MUST</u> register in the Central Contractor Registration (CCR) database. Instructions for registering in CCR are at http://www.ccr2000.com/

After you provide evidence that you have registered in CCR, the contracting officer will request a Commercial and Government Entity (CAGE) code. Offerors must complete section B of the attached DD Form 2051 and return it with their resume and Certifications and Representations. NOTE: Only the Government may submit the request for your CAGE code. Requests by offerors will not be honored.

Individual offerors must also provide a Taxpayer Identification Number (TIN) or Social Security Number.